

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4	2	C	C			
5	(1)		1			
6	(1)		1			
7	(1)		1			
8	(1)		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	2	C	C			
17	(1)		1			
18	(1)		1			
19	(1)		1			
20	(1)		1			
21	1		1			
22		1				
23			1			
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49						
50						
TOTAL IND.	6		8			
TOTAL DEP.	17	←	17	←	←	
TOTAL CLAIMS	23	[REDACTED]	25	[REDACTED]	[REDACTED]	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		↓			↓	
TOTAL CLAIMS						